

Case Number:	CM15-0107928		
Date Assigned:	06/12/2015	Date of Injury:	12/03/2003
Decision Date:	07/16/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	06/04/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The applicant is a represented 42-year-old who has filed a claim for chronic neck, upper back, and upper extremity pain reportedly associated with an industrial injury of December 3, 2003. In a Utilization Review report dated May 6, 2015, the claims administrator failed to approve a request for home health aide services or homemaker services while apparently approving some nursing home visits. The claims administrator referenced progress notes of April 24, 2015, May 1, 2015, and May 6, 2015 in its determination. The applicant's attorney subsequently appealed. On May 4, 2015, the applicant was described as presenting with issues such as cervical myelopathy. The applicant was asked to pursue intensive coordinated therapy and 24-hour rehabilitation nursing. The applicant had undergone earlier cervical decompression surgery between C3 and C6 levels on April 7th, it was reported. In a physical therapy progress note dated May 1, 2015, it was suggested that the applicant was having difficulty performing activities of daily living such as using a walker, using a commode, etc. The applicant apparently had a collar in place. The applicant still had residual cervical spine pain complaints reported. In a May 19, 2015 progress note, a cervical pillow and pain psychiatry consultation were sought. The applicant reported ongoing complaints of neck pain. The applicant was using Norco, Lunesta, Zanaflex, Neurontin, Prozac, and Valium, it was reported. The applicant exhibited a flat affect, it was reported. The applicant was placed off of work, on total temporary disability, following cervical spine surgery. The applicant expressed concerns that she is not receiving Worker's Compensation indemnity benefits. In an April 30, 2015 rehab facility note, the applicant was described as wheelchair bound on that date. Multiple other rehab notes, physical therapy notes, and/or progress notes of late April 2015 and early 2015 suggested that the

applicant was having difficulty transferring, ambulating, and the like. It appeared that the home health aide services were being sought in conjunction with home-based physical therapy and/or home-based nursing services following the applicant's transition from a skilled nursing facility (SNF) to a home setting.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

HHA (home health aid/homemaker services) Home Health Services, 6 hrs/ day, Qty 6 wks:
Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51.

Decision rationale: Yes, the request for home health aide services and/or homemaker services at a rate of 6 hours a day for six weeks was medically necessary, medically appropriate, and indicated here. As noted on page 51 of the MTUS Chronic Pain Medical Treatment Guidelines, home health services are recommended only to deliver otherwise recommended medical treatment to applicants who are homebound, generally up to no more 35 hours per week. While the request for home health aide services at a rate of 6 hours per day is slightly in excess of MTUS parameters, here, it appeared that the applicant had marked impairment above and beyond that encapsulated in the guideline present on or around the date of request. While page 51 of the MTUS Chronic Pain Medical Treatment Guidelines notes that medical treatment does not include the homemaker services being sought here when this is the only care needed, here, however, the applicant was in fact concurrently receiving and concurrently received approval for home nursing visits for wound care purposes and also received approval for home-based physical therapy. The applicant had apparently undergone a multilevel cervical spine surgery to ameliorate issues with cervical myelopathy. The applicant had issues with gait derangement requiring usage of a walker, difficulty transferring, difficulty moving about, etc., on or around the date of the request. Provision of a home health aide was, thus, indicated in conjunction with the other specialized services which the applicant was receiving, including home-based physical therapy, home-based occupational therapy, and home nursing services for wound care purposes. Therefore, the request for a home health aide to include performance of homemaker services was medically necessary. While this was, strictly speaking, a postoperative request as opposed to a chronic pain request, MTUS 9792.23.b2 stipulates that the postsurgical treatment guidelines in Section 9792.24.3 shall apply together with any other applicable treatment guidelines found within the MTUS. Since page 51 of the MTUS Chronic Pain Medical Treatment Guidelines did address the need for a home health aide postoperatively, it was therefore invoked.